

Biomechanics of the Optic Nerve Sheath in VIIP Syndrome

C. Ross Ethier¹, Julia Raykin¹, Rudy Gleason¹, Lealem Mulugeta³, Jerry Myers², Emily Nelson², Brian C. Samuels⁴

¹Department of Biomedical Engineering, Georgia Institute of Technology/Emory University, Atlanta, GA; ²NASA Glenn Research Center, Cleveland, OH; ³Universities Space Research Association, Houston, TX; ⁴Department of Ophthalmology, U. Alabama at Birmingham, Birmingham, AL



Wallace H. Coulter Department of
Biomedical Engineering
at Georgia Tech and Emory University



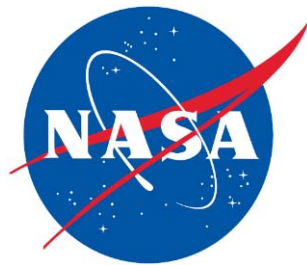
EMORY
UNIVERSITY

Disclosures and Acknowledgements

Disclosure: None

Funding

- NASA (CRE)
- Georgia Research Alliance (CRE)

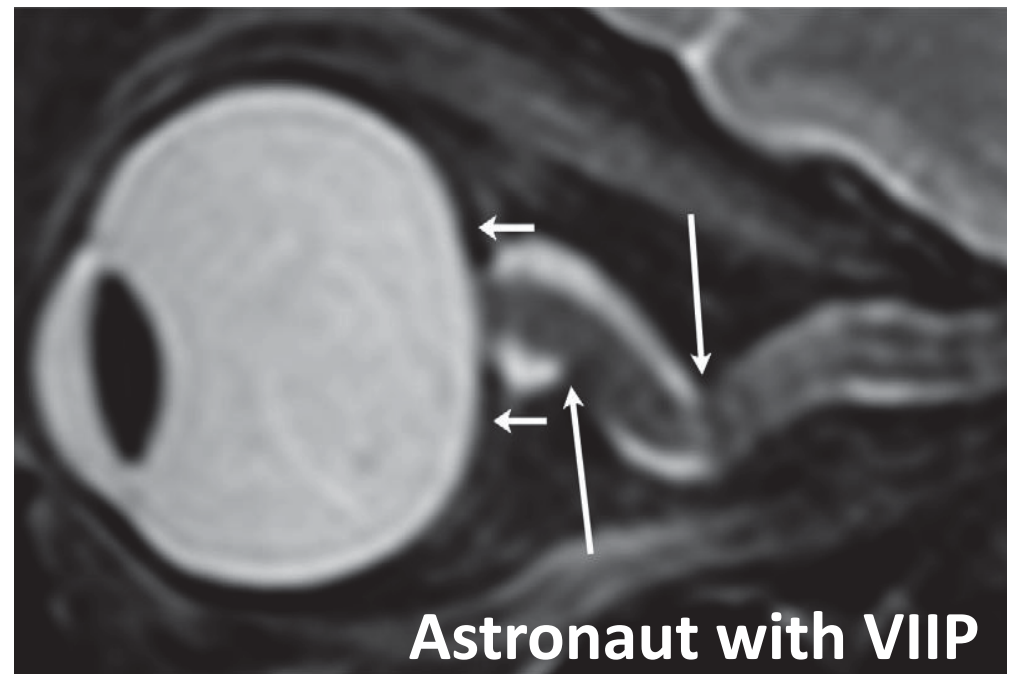
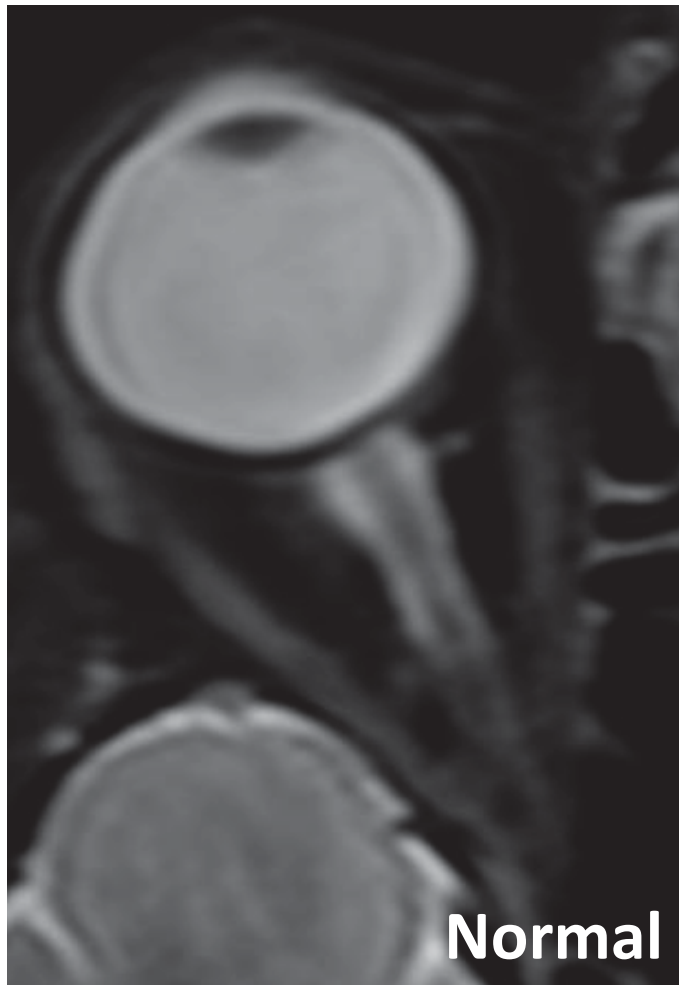


GEORGIA
RESEARCH
ALLIANCE

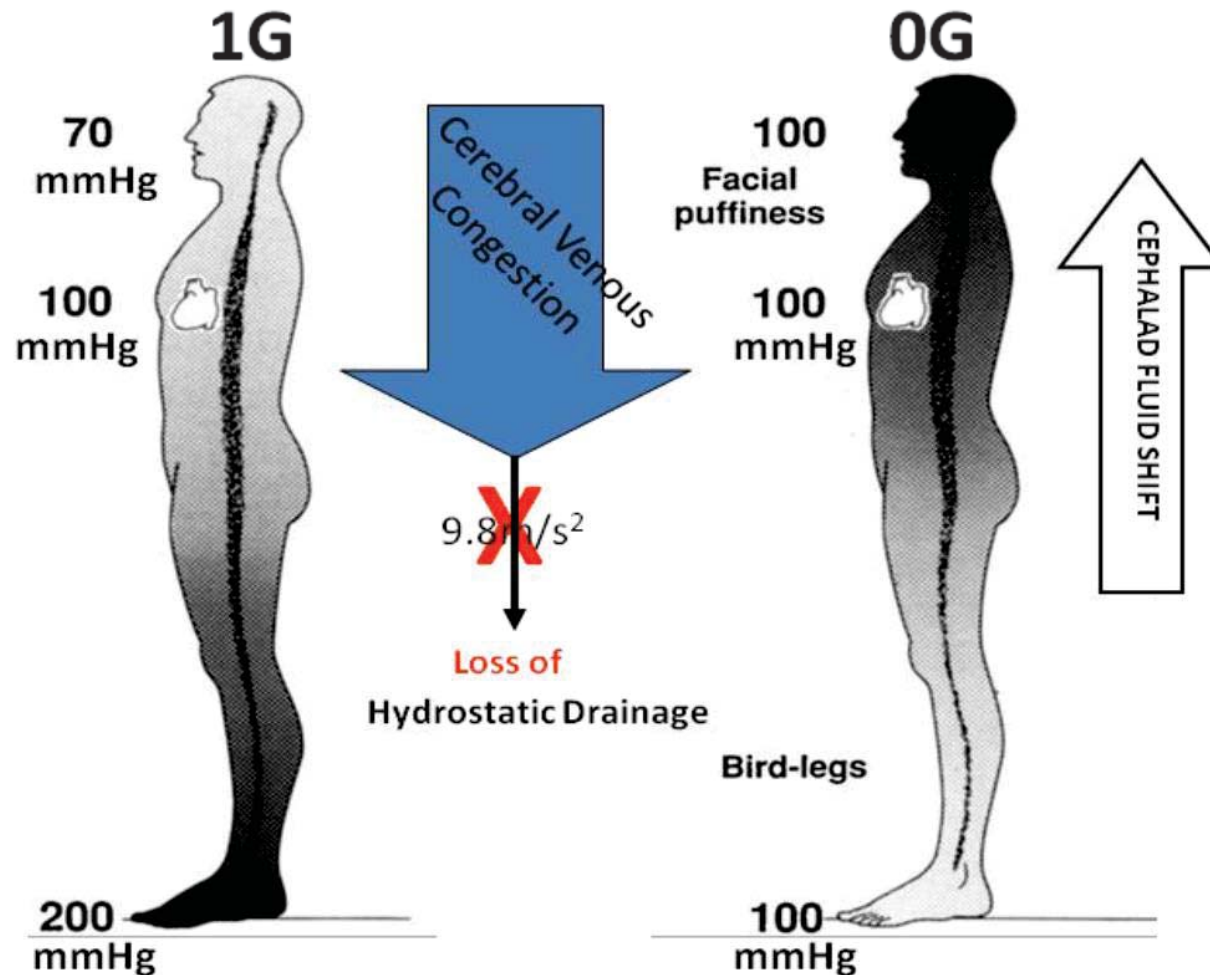
Visual Impairment and Intracranial Pressure (VIIP) Syndrome

- Permanent changes in visual function after long-duration space flights
 - 41.7% incidence in U.S. astronauts

Structural Changes in the Optic Nerve



Cephalad Fluid Shifts



Hypothesis

Increased CSF pressure
drives remodeling of the
posterior eye and the optic
nerve sheath

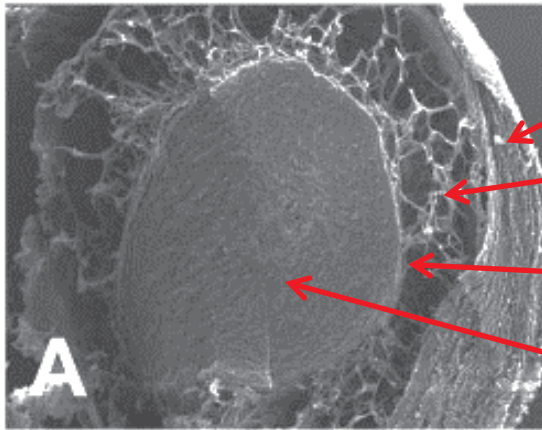
Goal

Study the biomechanical response of the optic nerve sheath and posterior eye to elevated CSF pressures

- Eventually, understand visual disturbances that occur during long-duration space travel

Optic Nerve Sheath: Anatomy

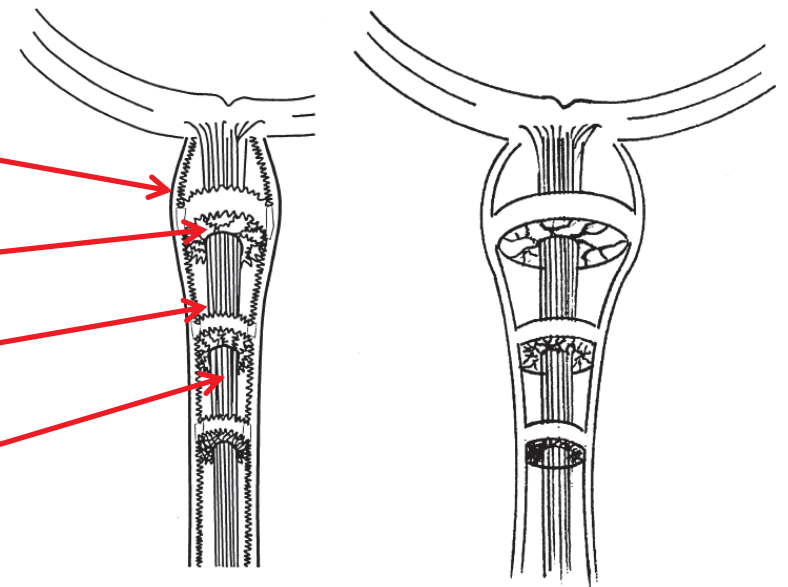
Cross Section



Killer et al. Brain, 2006.

Low Pressure

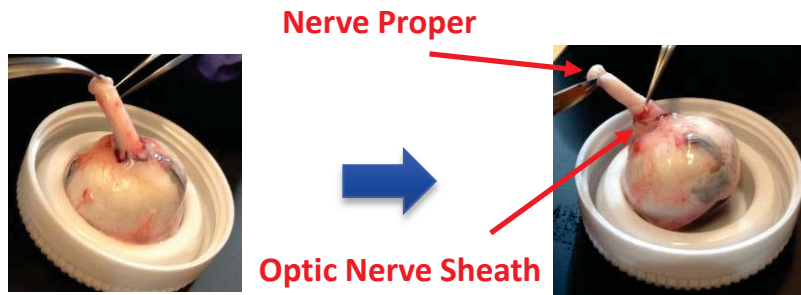
High Pressure



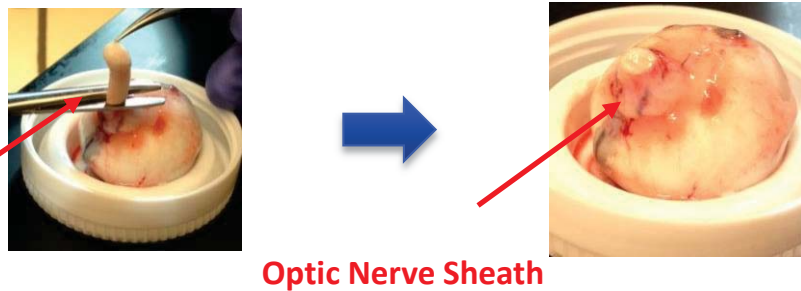
Hansen et al. Acta Ophthalmologica, 2011.

EXPERIMENTS

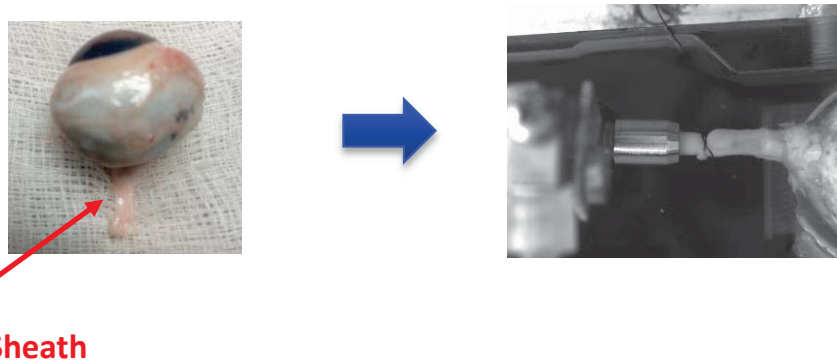
Experimental Protocol: Inflation Test



1. Sheath is peeled away from the nerve proper

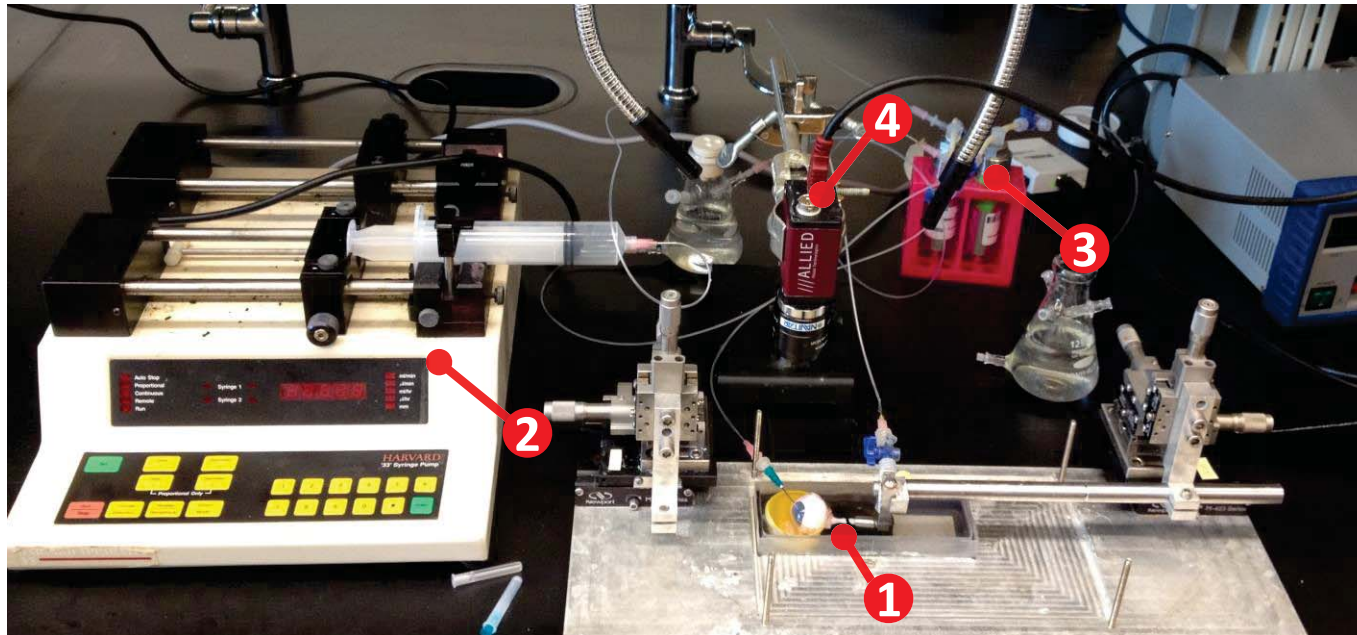


2. Nerve proper is cut away



3. The optic nerve sheath is cannulated and connected to a pressure control system

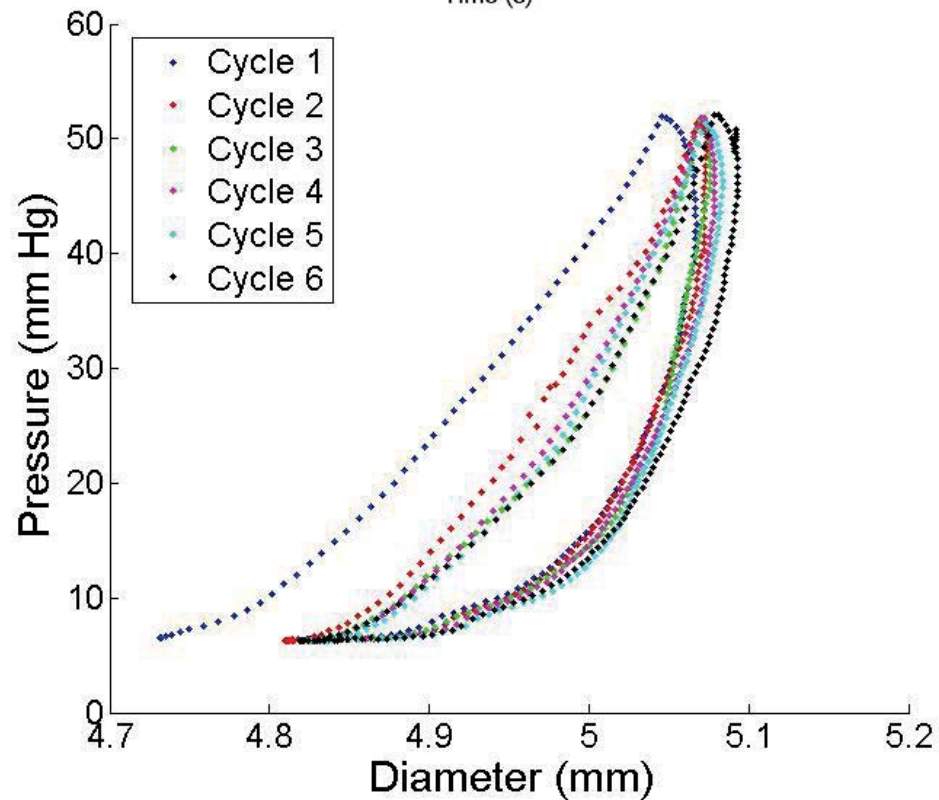
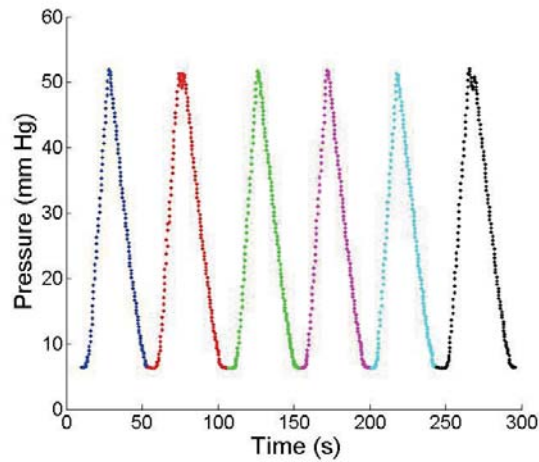
Experimental System



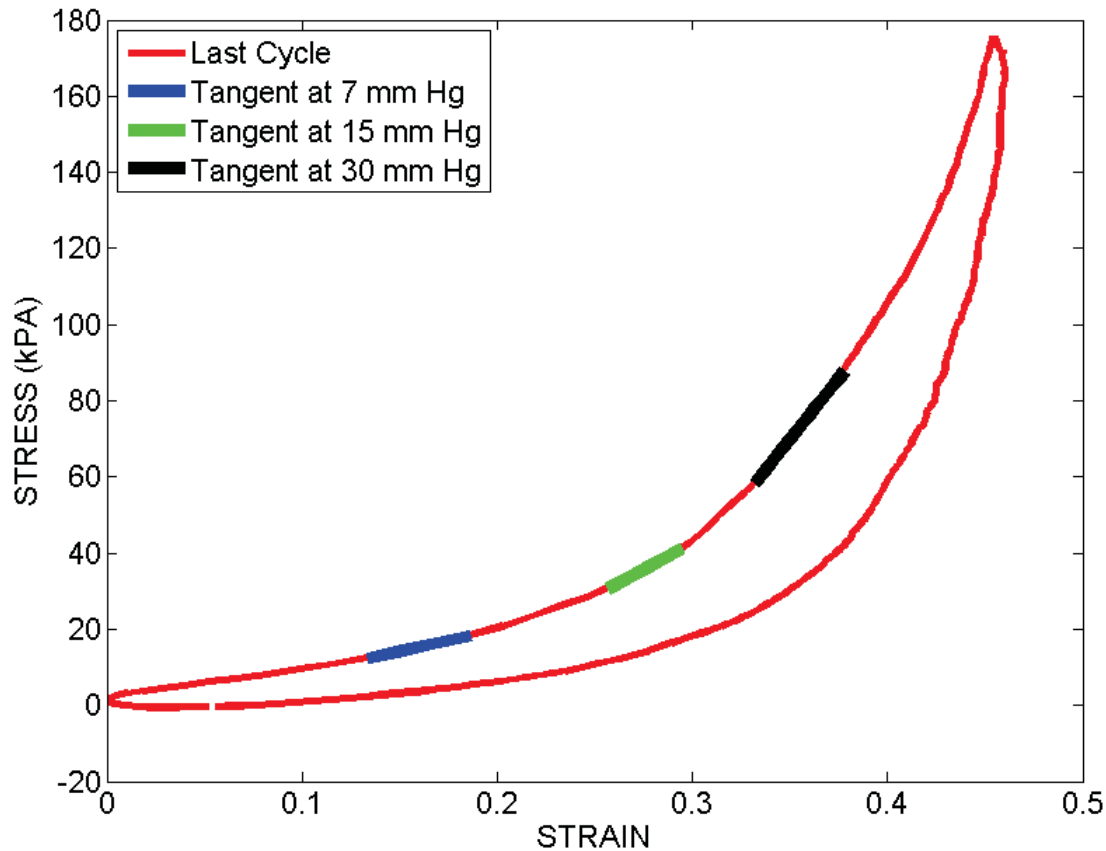
System Components:

- 1 - Specimen bath/mounted porcine eye
- 2 - Syringe pump
- 3 - Pressure transducers
- 4 - CCD camera

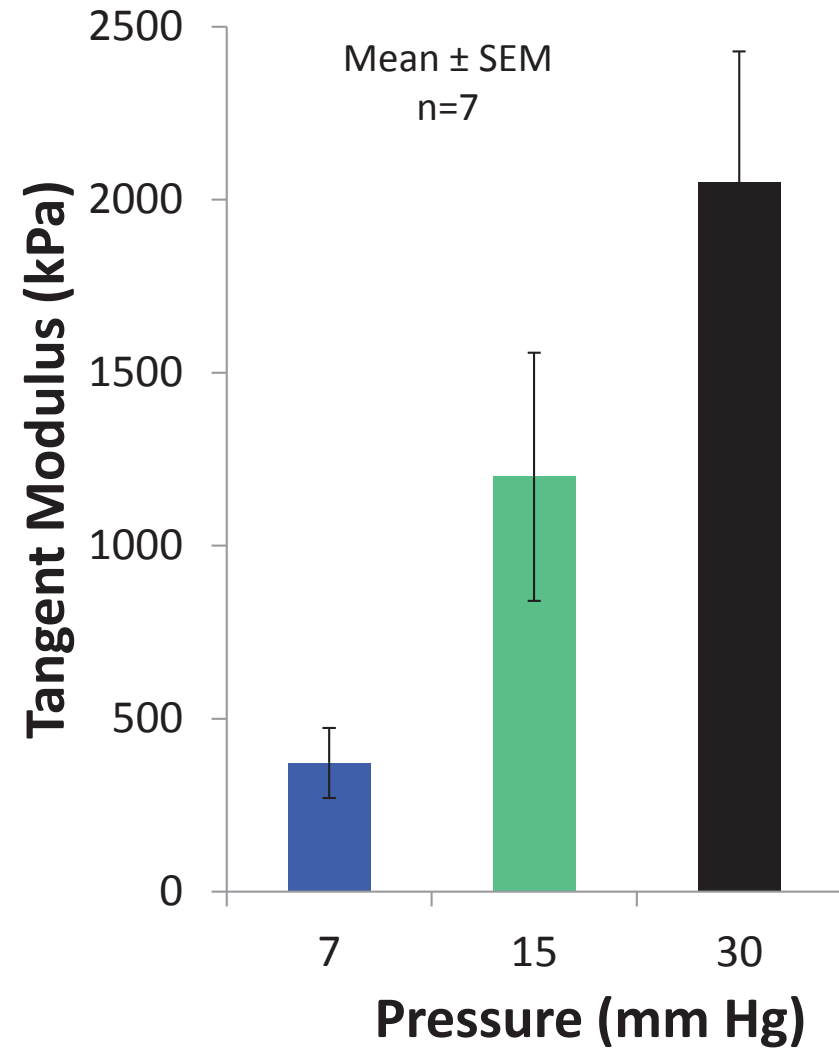
Pressure-Diameter Tests



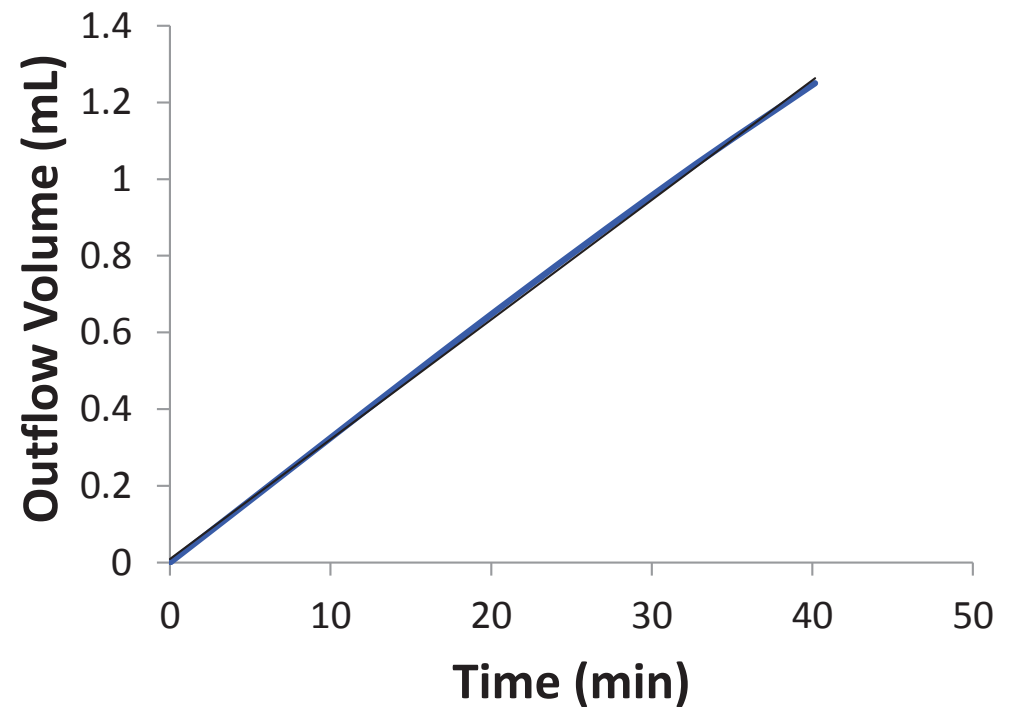
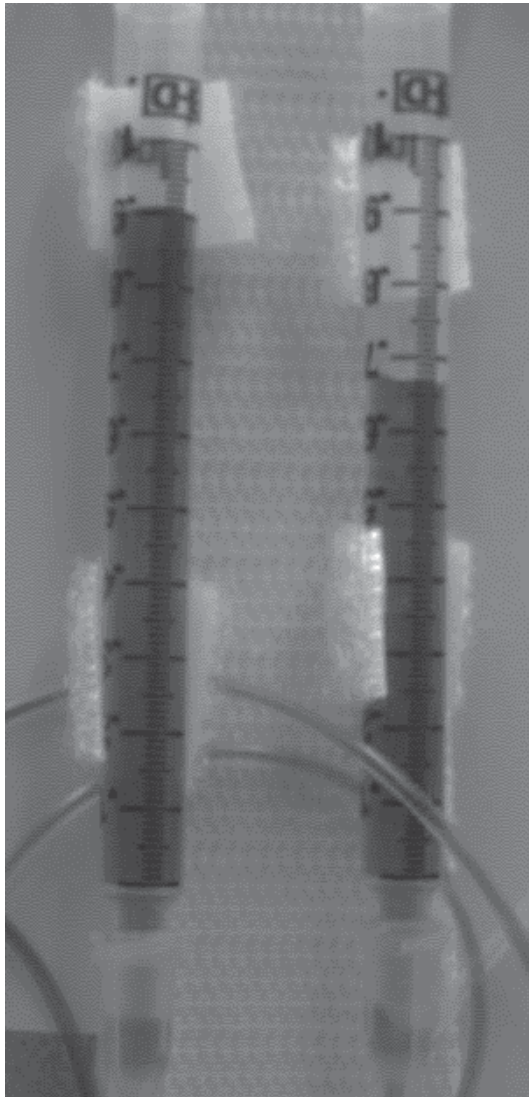
Modulus Increases at Higher Pressures



$$\varepsilon = \frac{r}{r_o} - 1 \quad \sigma = \frac{Pr}{h}$$



Permeability - Experimental Setup



Permeability - Results

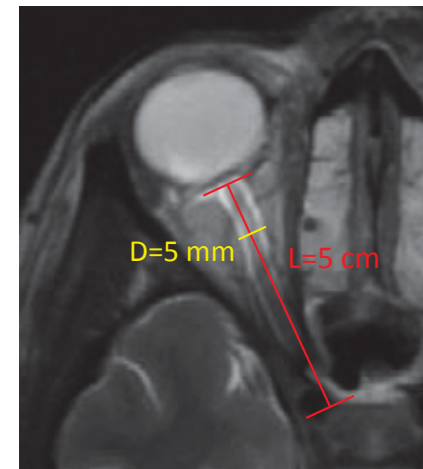
Permeability
($\mu\text{L}/\text{min}/\text{cm}^2/\text{mm Hg}$)

0.79 ± 0.12
(mean \pm SEM; n=17)

Implication for Humans:

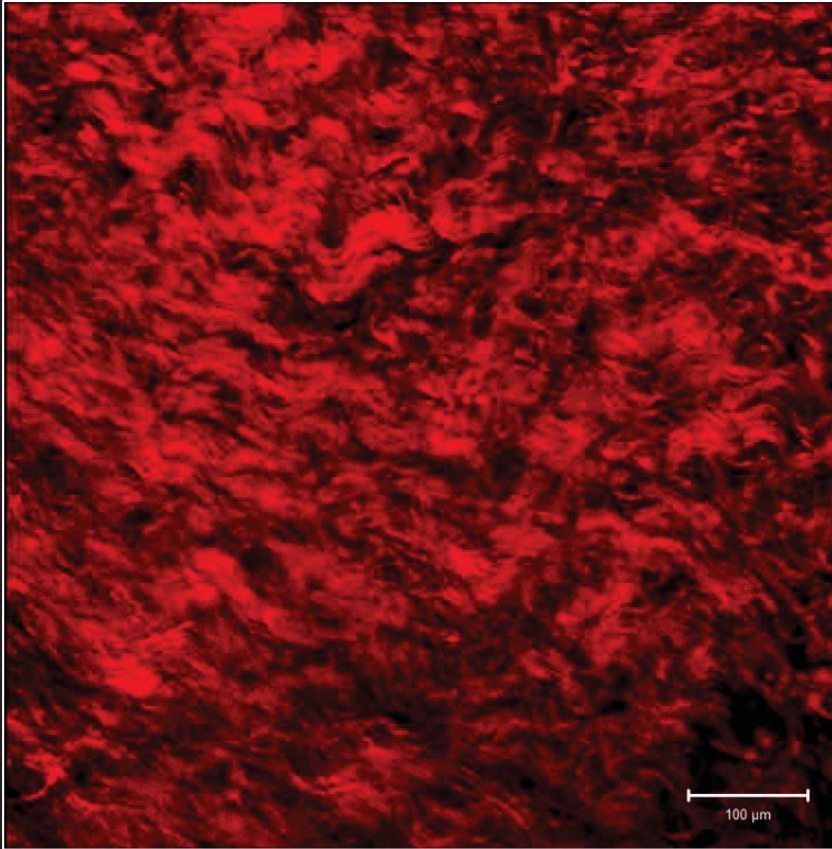
$\text{Outflow Rate} = K \cdot P \cdot A = 125 \frac{\text{mL}}{\text{day}}$ at 7 mm Hg
20% of daily CSF production

$$A = 2 \cdot (\pi D L)$$

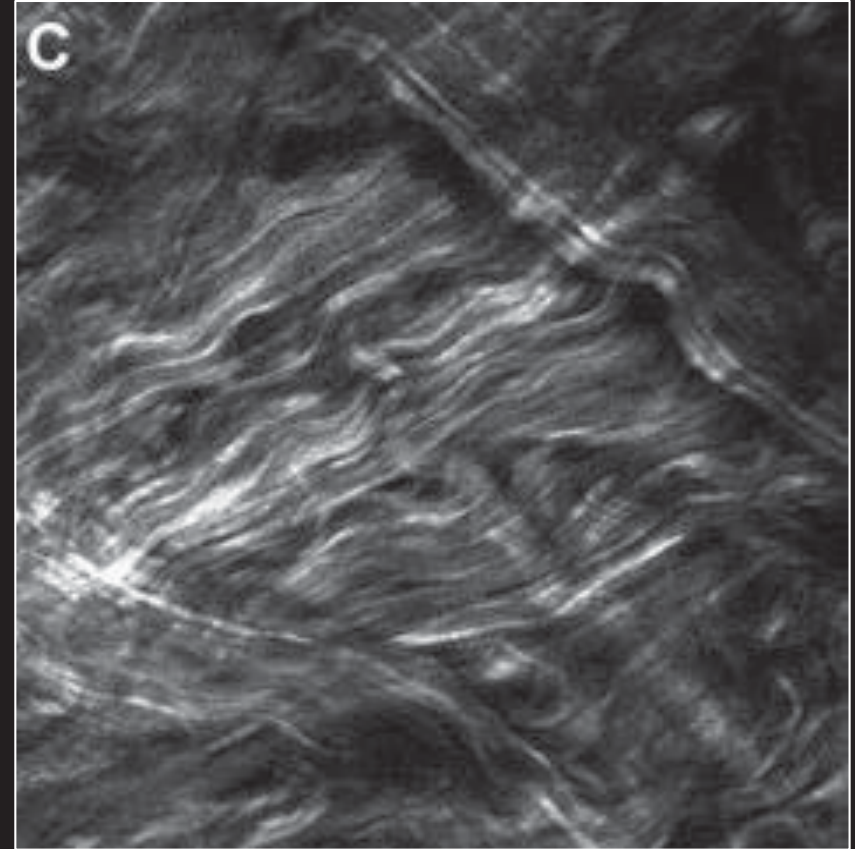


Geeraerts et al. Critical Care, 2008.

Collagen Structure



Post Mortem Porcine Optic
Nerve Sheath

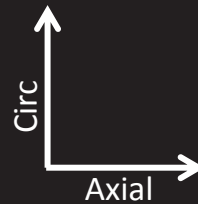
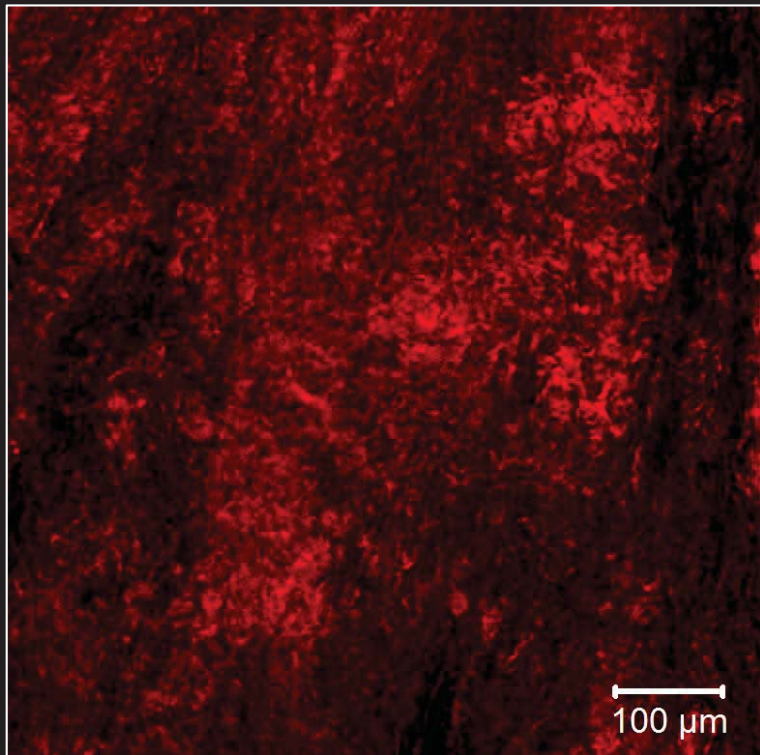


Arterial Adventitia

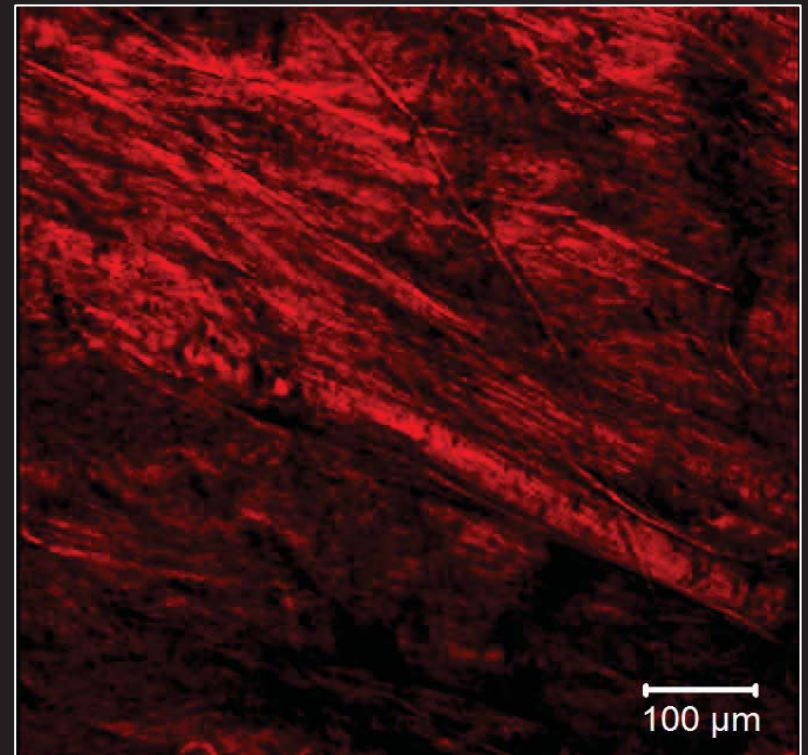
Beal et al. Journal of Surgical Research, 2013.

Collagen Orientation Changes with Pressure

0 mm Hg



30 mm Hg



Experimental Summary

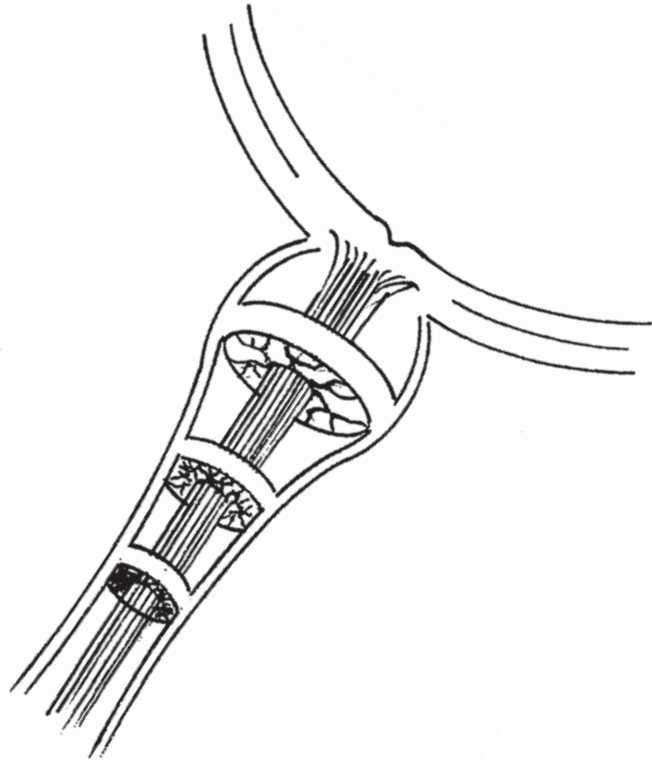
- Optic nerve sheath exhibits typical soft tissue behavior:
 - Preconditioning effect, with repeatable behavior after 4th pressure cycle
 - Nonlinear stiffening
 - Anisotropic collagen orientation
- Structure and behavior appears to be similar to the adventitia
- High permeability suggests CSF drainage could play an important role in fluid transport in the optic nerve sheath

Limitations

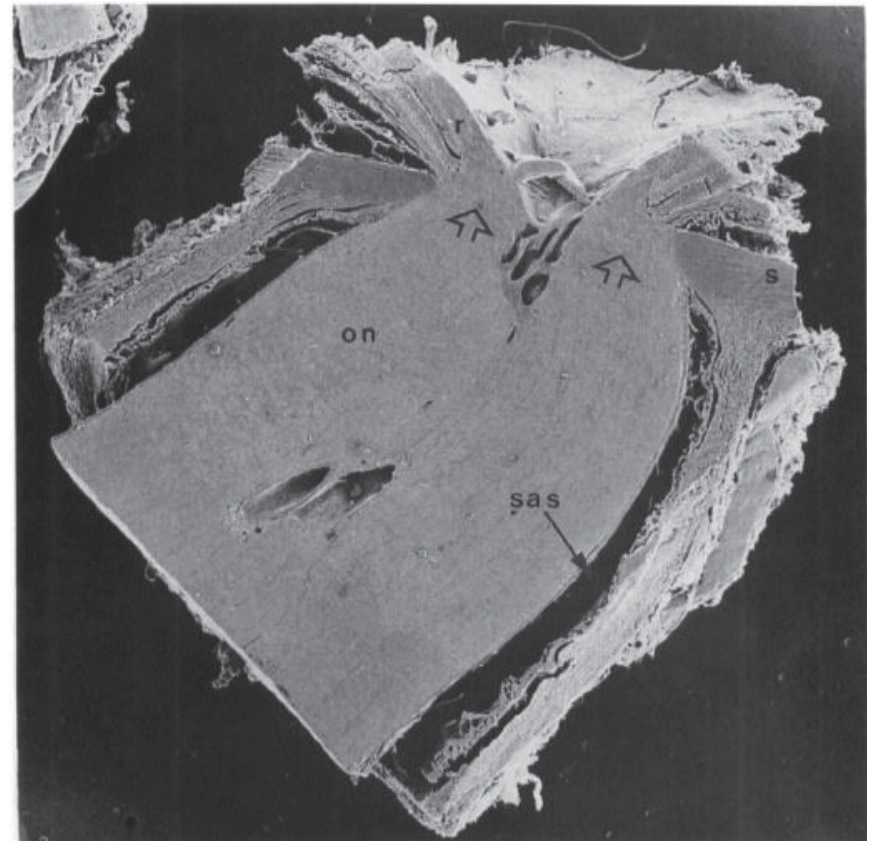
- Peeling back the meninges could cause structural damage
- Lack of availability of long human optic nerves
- Post mortem effects on permeability?

MODELING

Basic Modeled Geometry



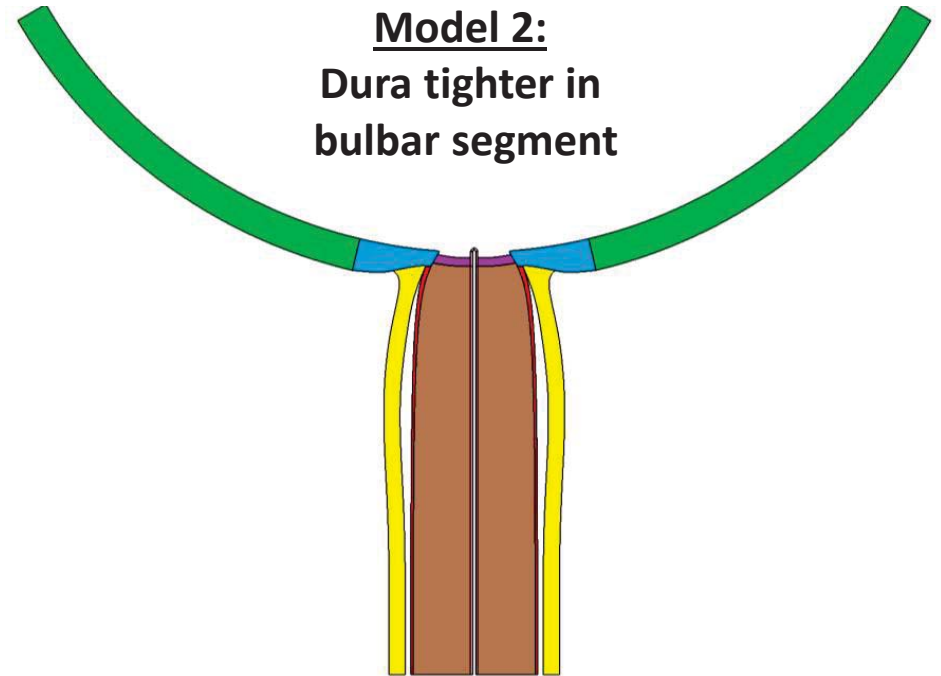
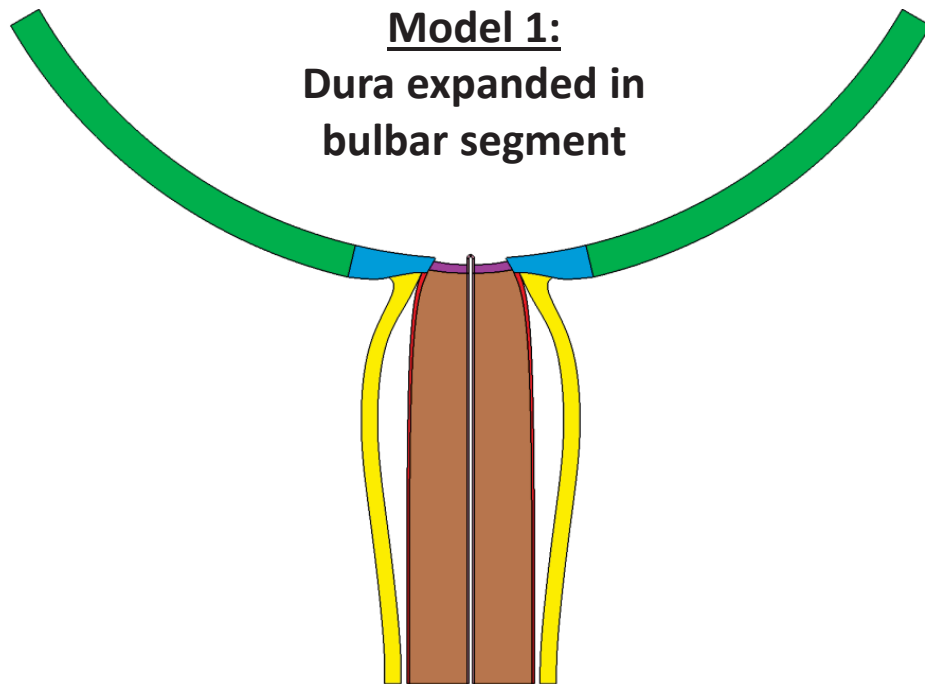
Hansen et al. Acta Ophthalmologica, 2011.



Adopted from Ekington et al. 1990

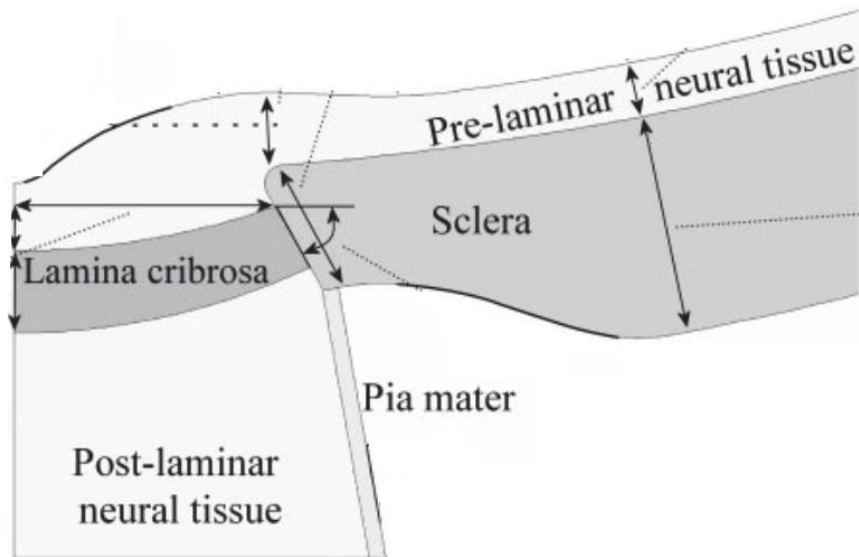
Basic Modeled Geometry

Two dura mater geometries considered

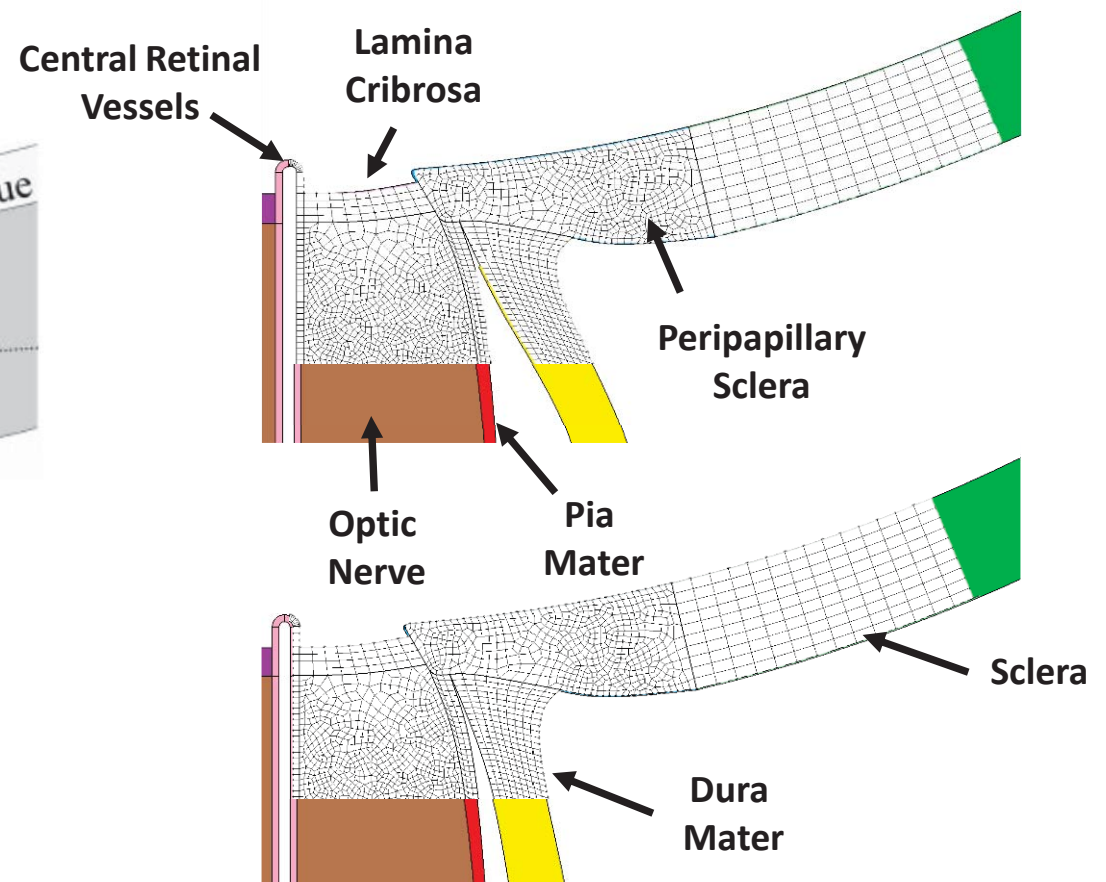


Optic Nerve Head (ONH) Geometry

- Based on models of Sigal et al., 2005



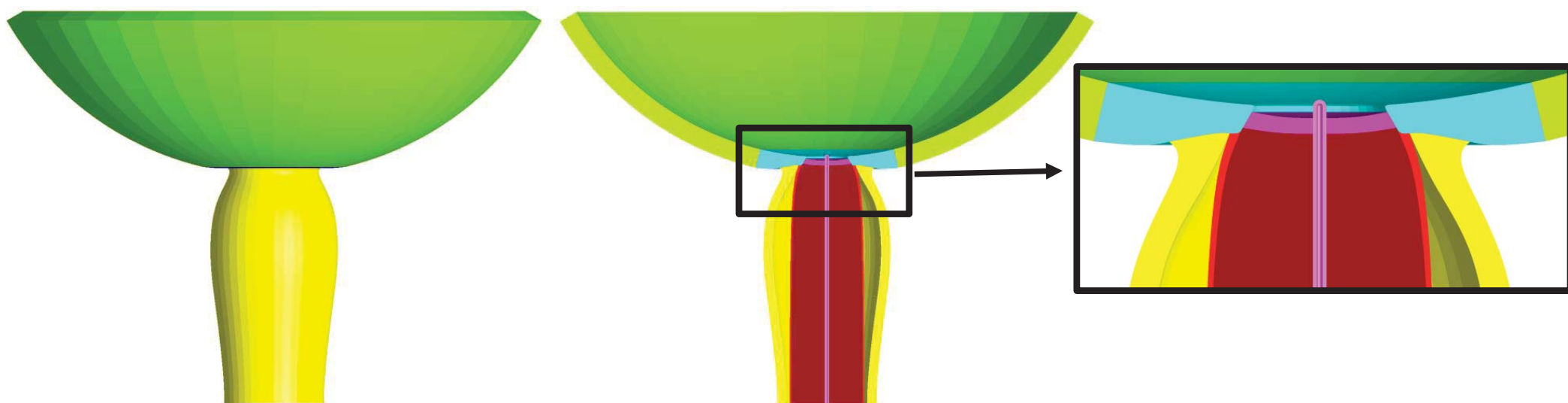
Sigal et al. 2005



Material parameters

- Linearly elastic

- Sclera – 3.0 MPa
- Peripapillary Sclera – 3.0 MPa
- Lamina Cribrosa – 0.3 MPa
- Pia Mater – 3.0 MPa
- Dura Mater – 1.0 MPa
- Retinal Vessel Wall – 0.3 MPa



Loading

1. Baseline (Standing or walking)

IOP - 15 mmHg **ICP - 0 mmHg** RVP - 55 mmHg

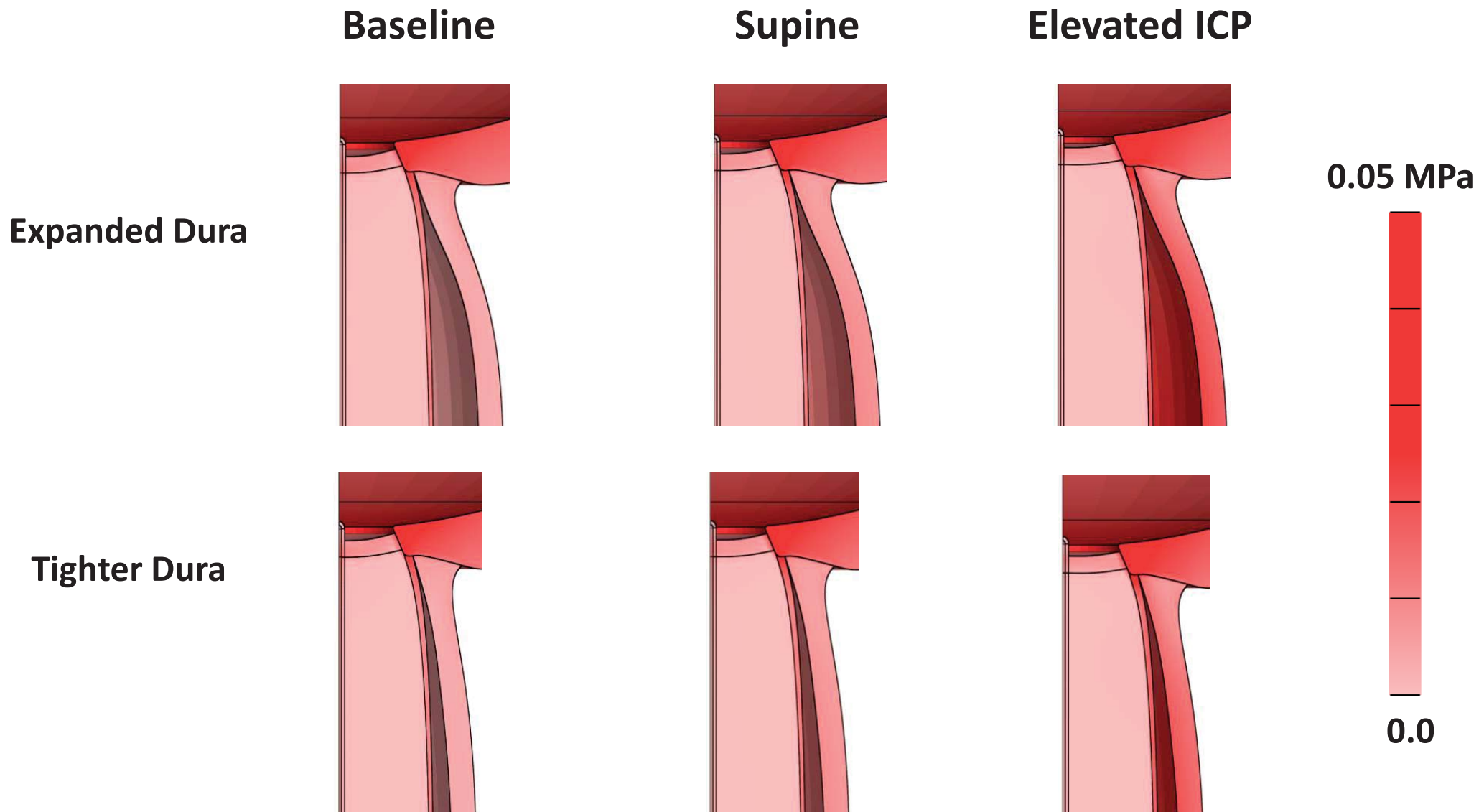
2. Supine

IOP - 15 mmHg **ICP - 12 mmHg** RVP - 55 mmHg

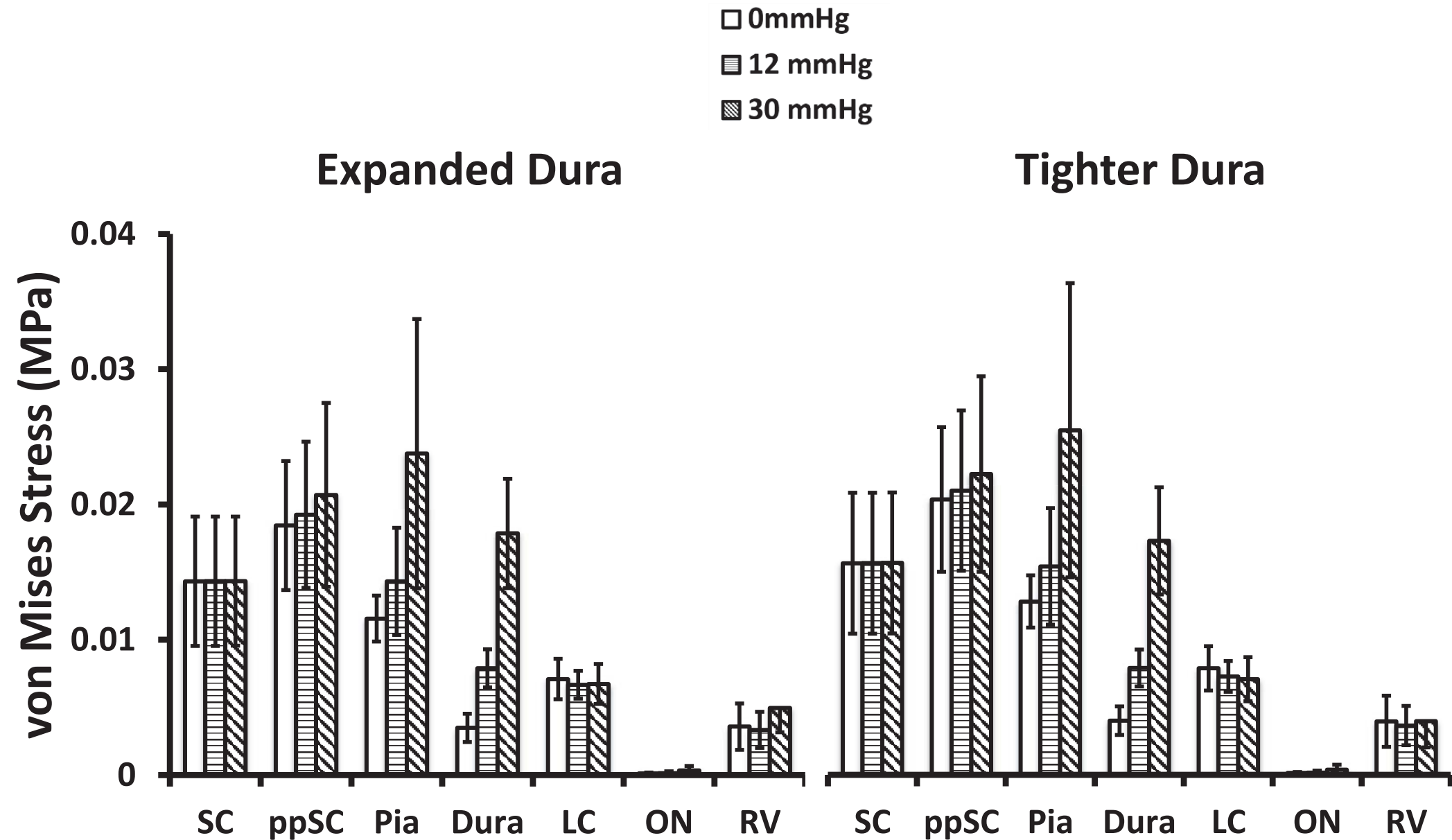
3. Elevated ICP

IOP - 15 mmHg **ICP - 30 mmHg** RVP - 55 mmHg

von Mises Stress

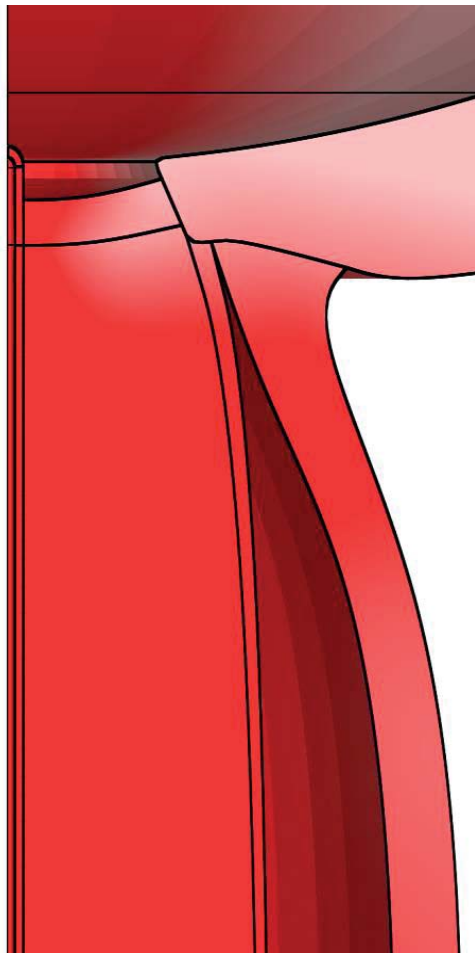


von Mises Stress Distributions

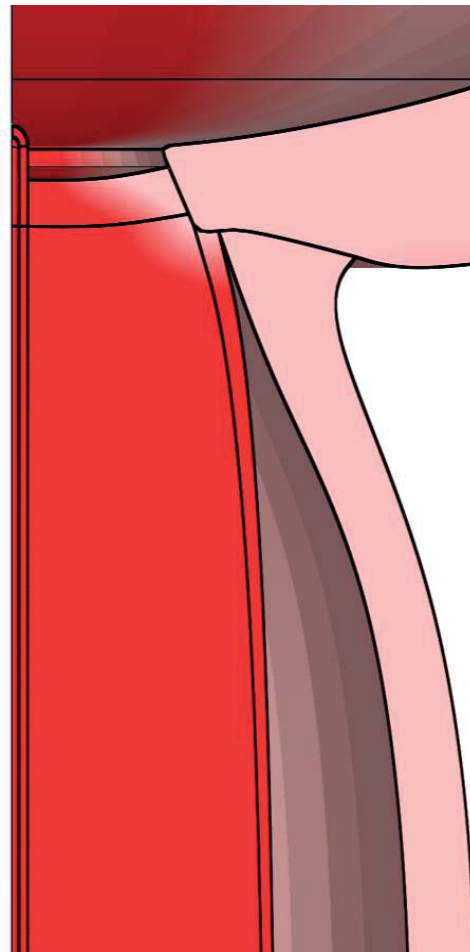


Y-displacement

ICP = 0 mmHg



ICP = 30 mmHg



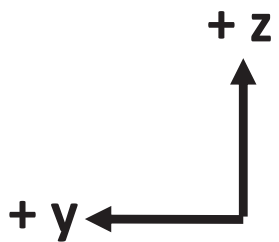
Scale:

— 0.4 mm

0.002 mm



-0.01 mm



Z-displacement

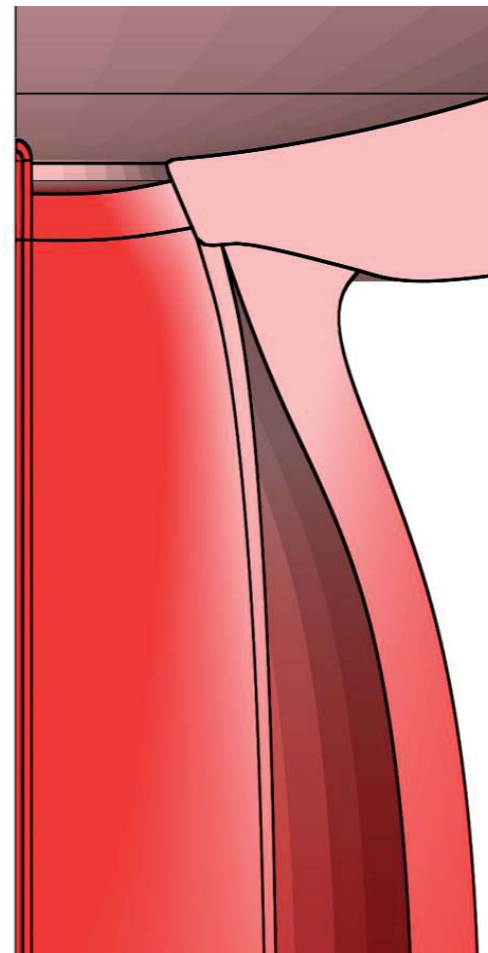
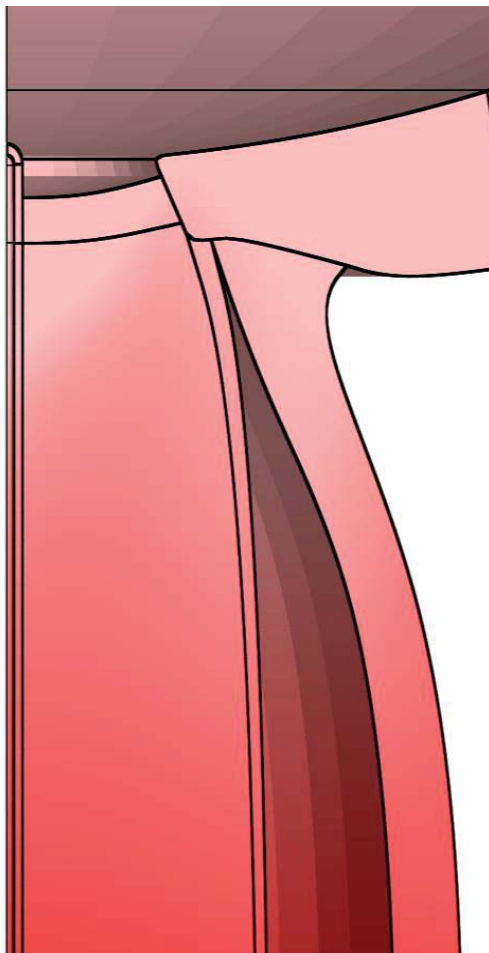
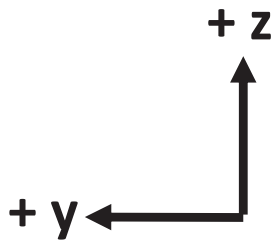
ICP = 0 mmHg

ICP = 30 mmHg

Scale:
— 0.4 mm

-0.01 mm

-0.04 mm



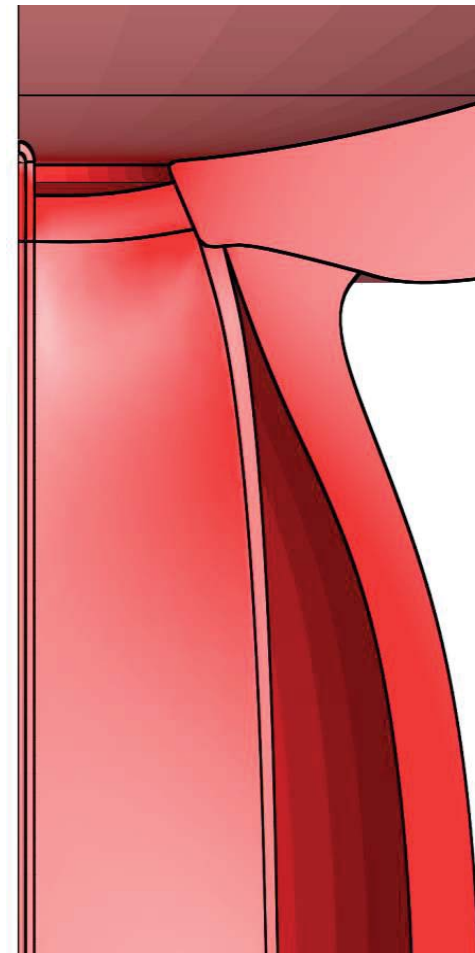
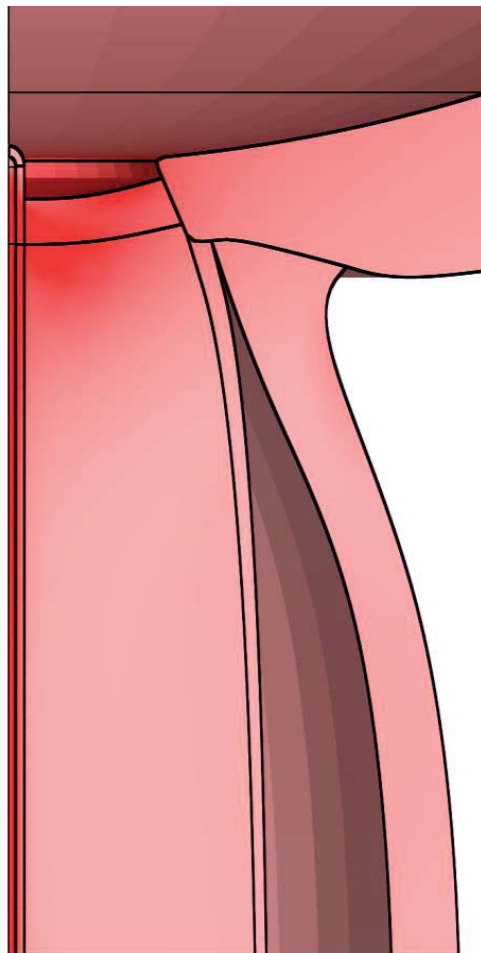
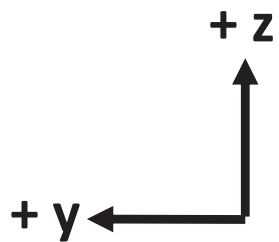
1st Principal Strain

ICP = 0 mmHg

ICP = 30 mmHg

Scale:
— 0.4 mm

0.06



0.0

2nd Principal Strain

Baseline

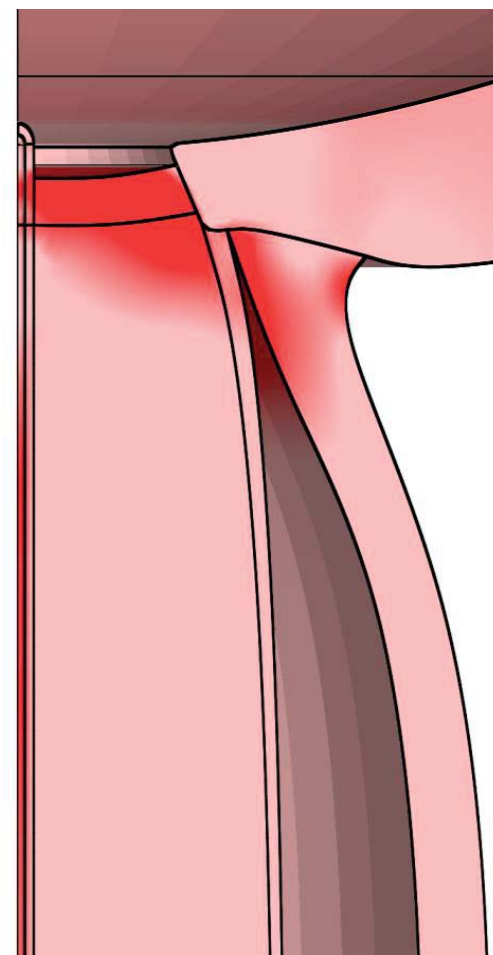
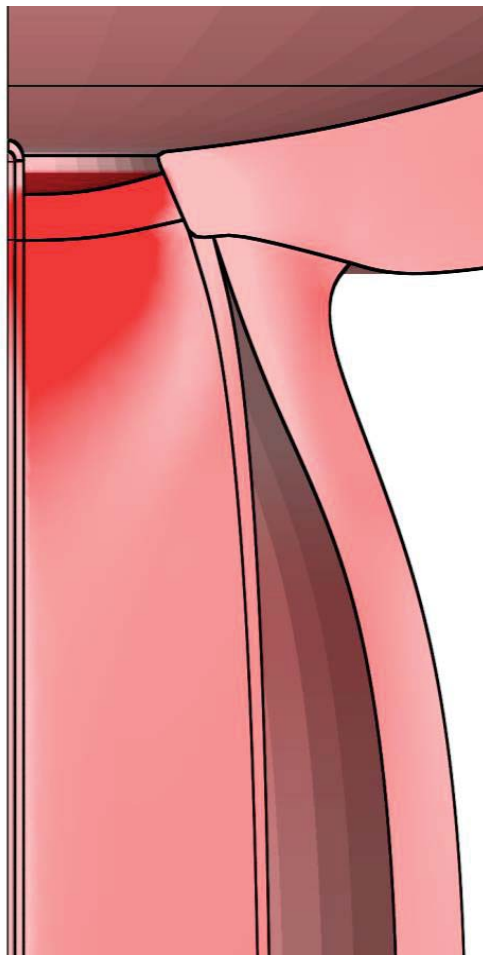
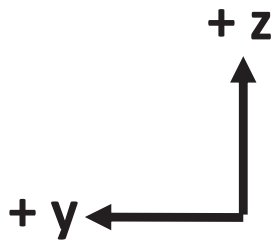
Elevated
ICP

Scale:
— 0.4 mm

0.03



0.0



3rd Principal Strain

Baseline

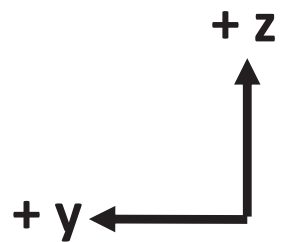
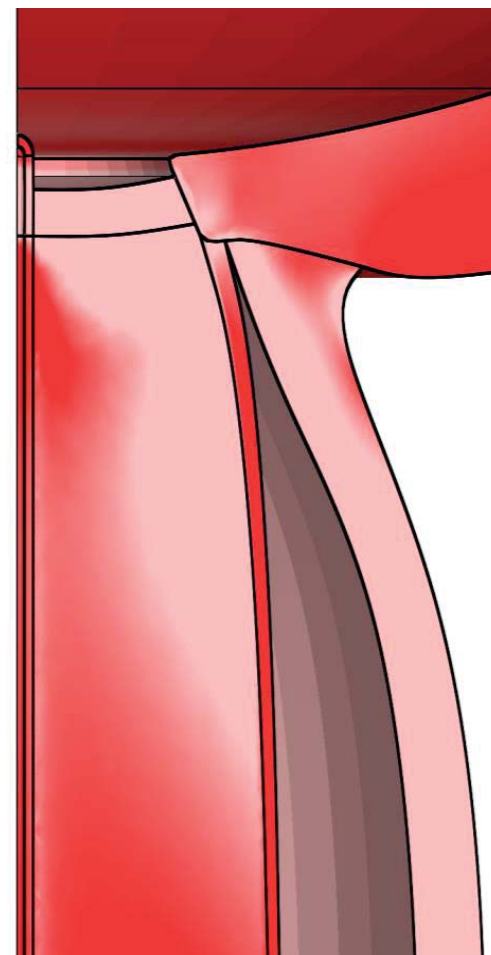
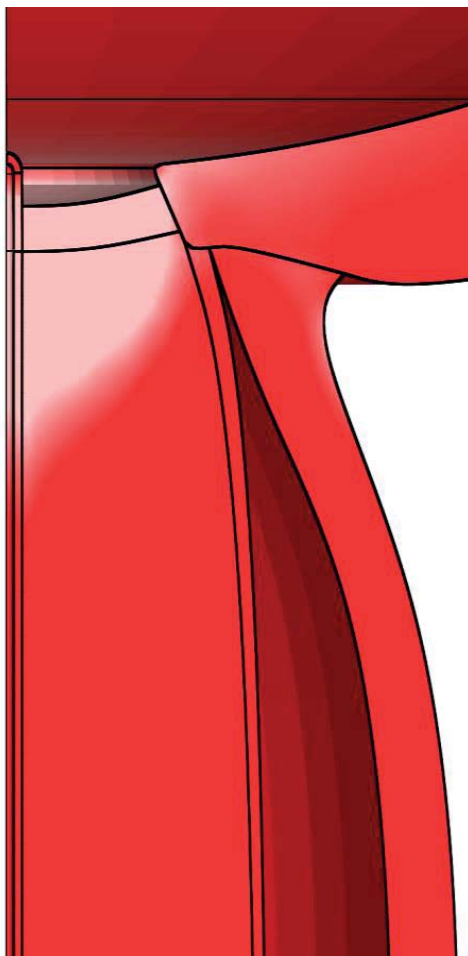
Elevated
ICP

Scale:
— 0.4 mm

0.0

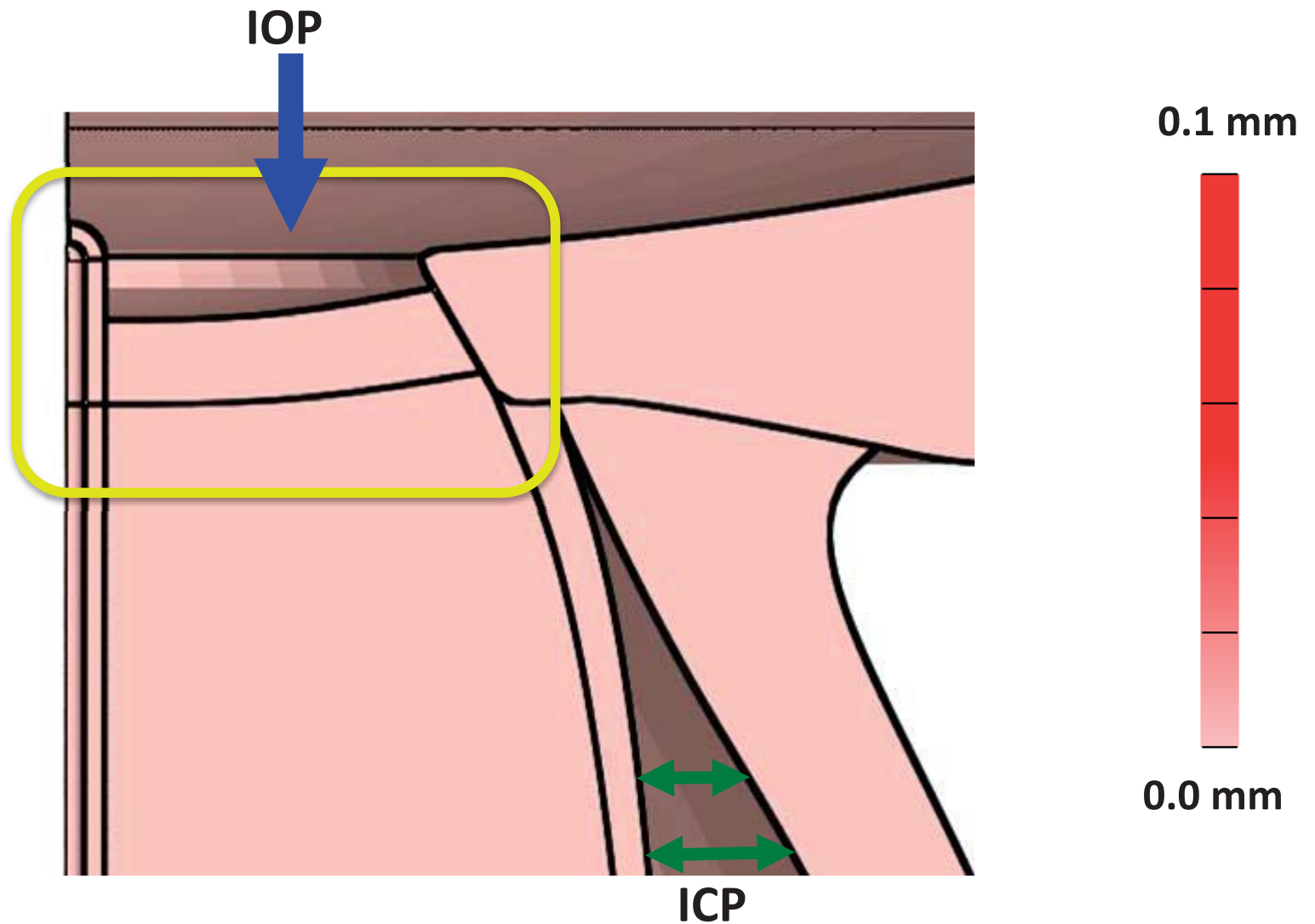


-0.03



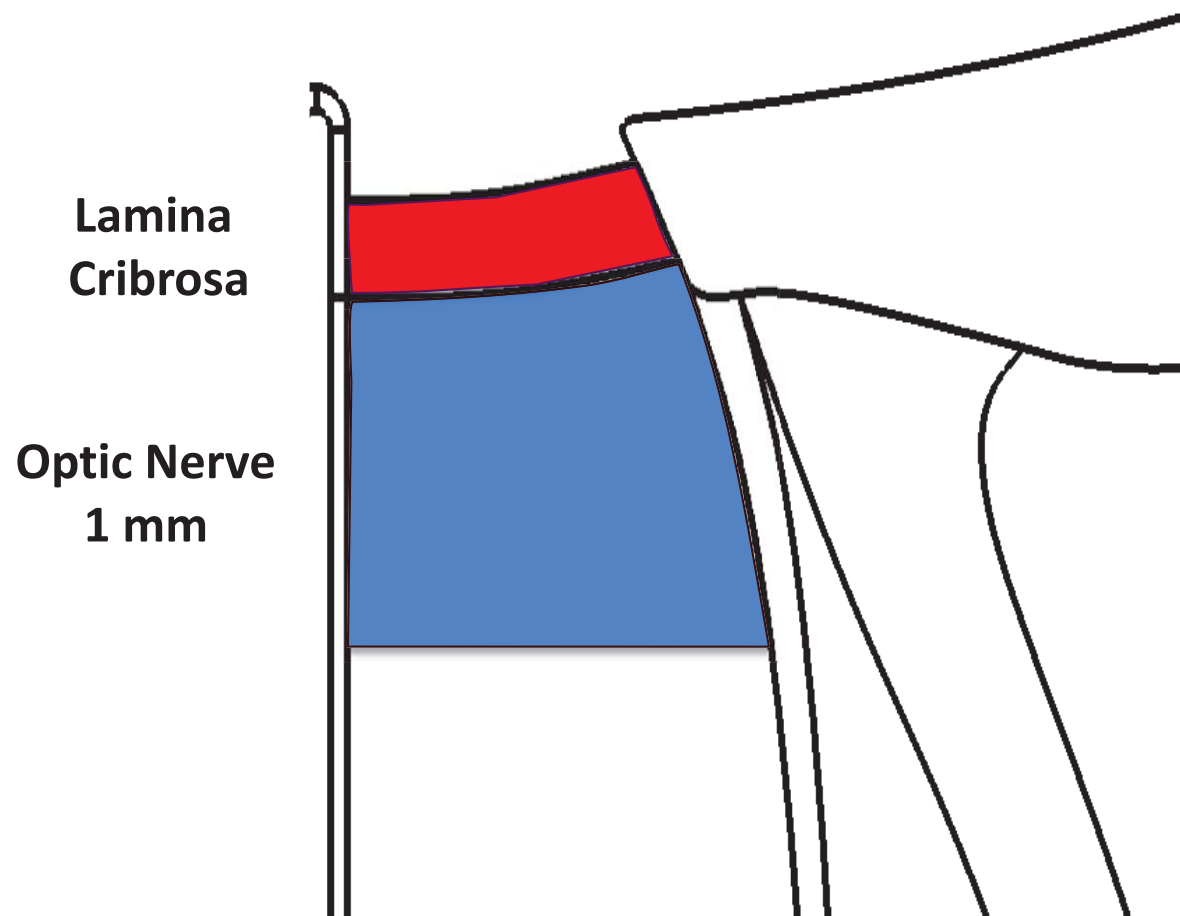
Displacements

Increase ICP: 0 to 30 mmHg

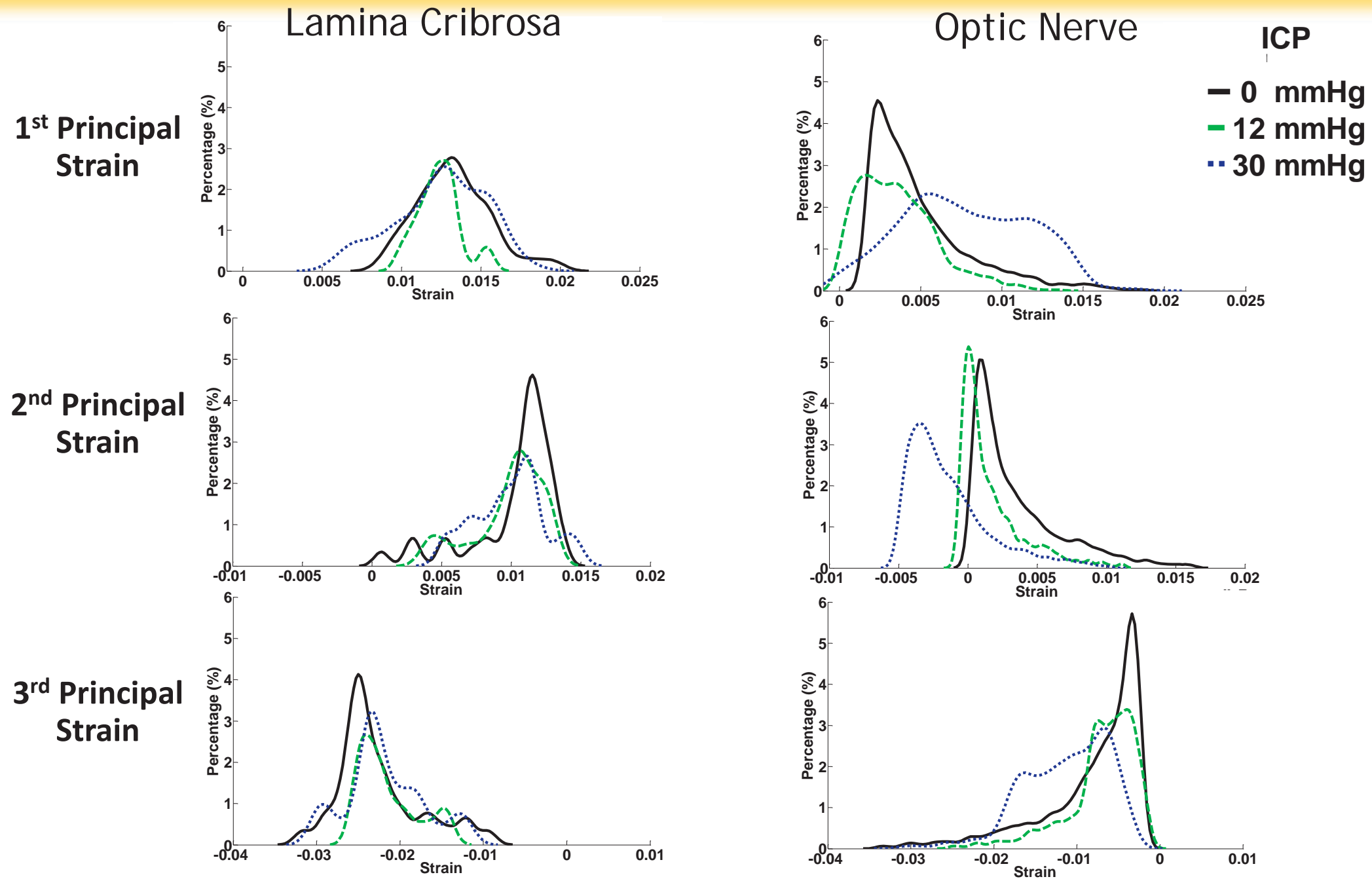


* Color scale is total displacement

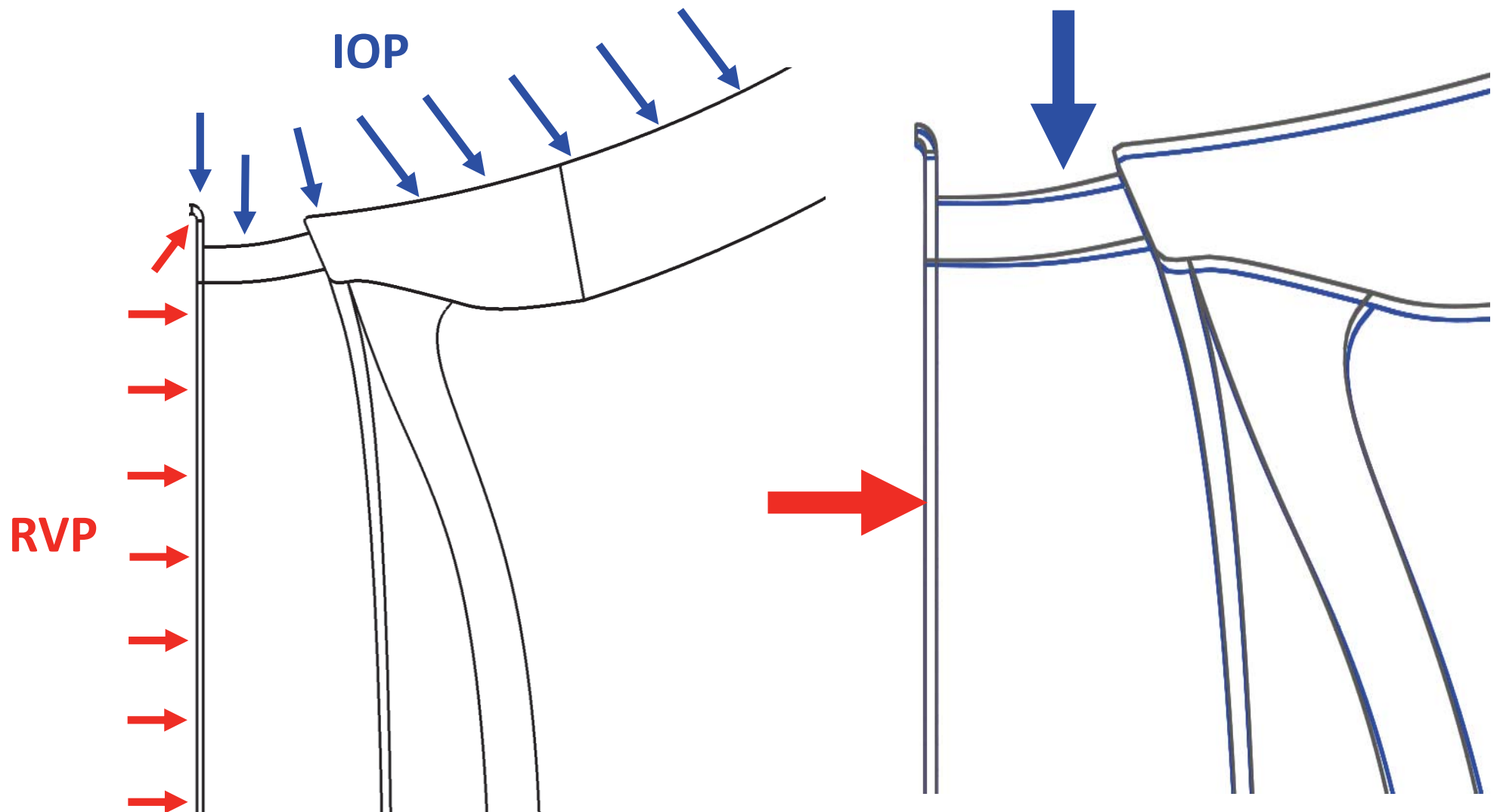
Regions of Interest



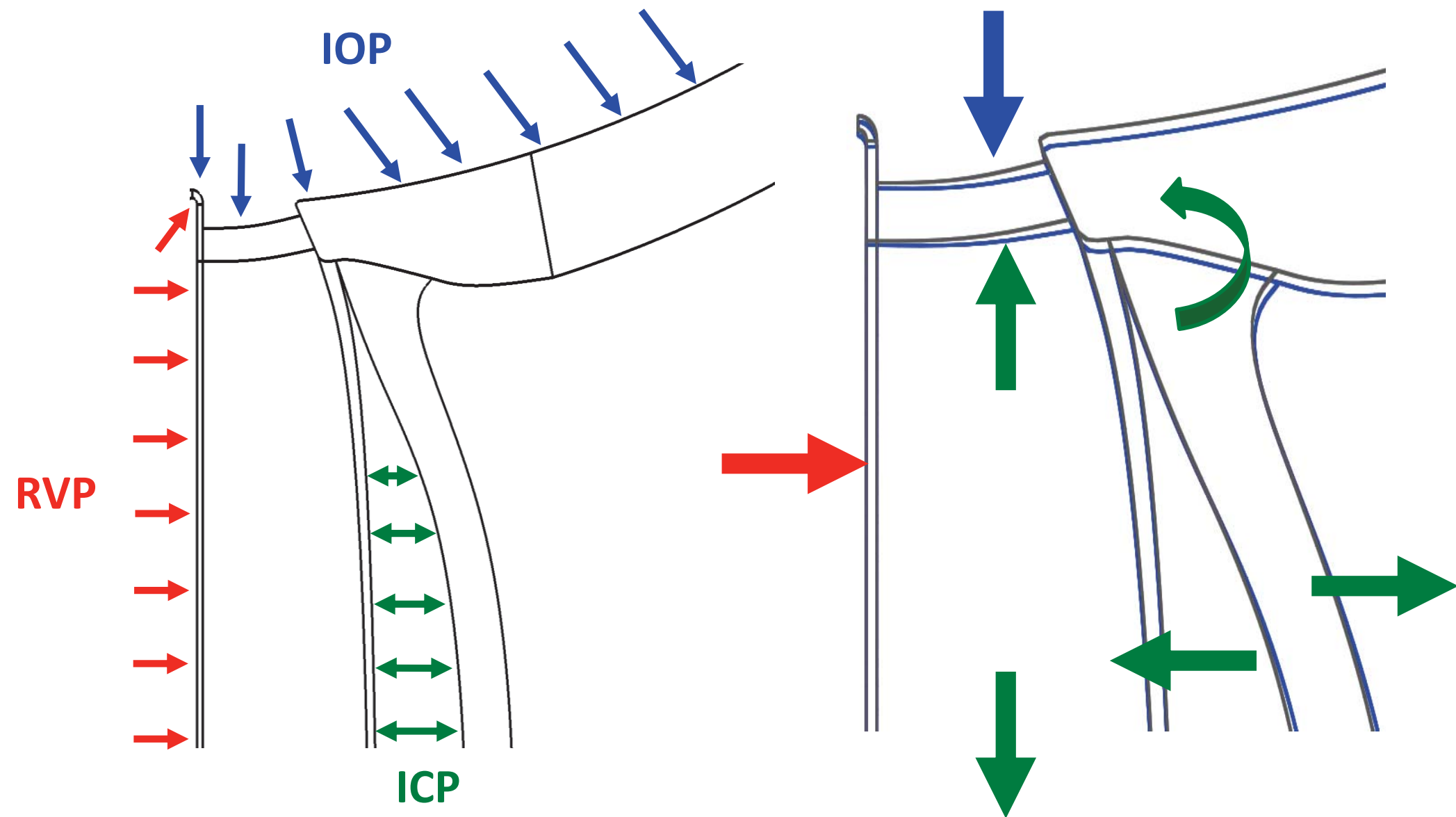
Principal Strain Distributions



Schematic Description

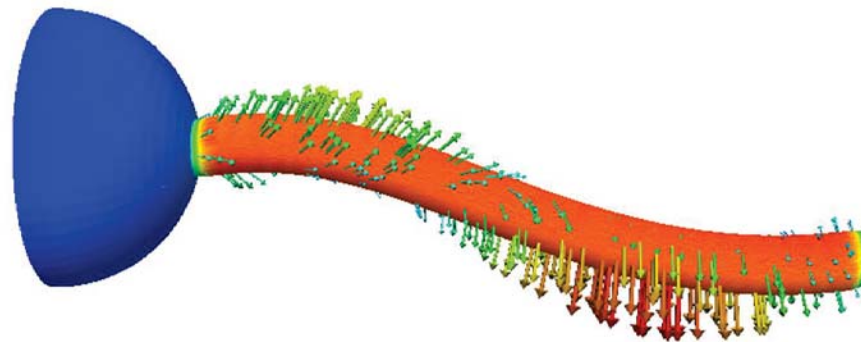


Schematic Description



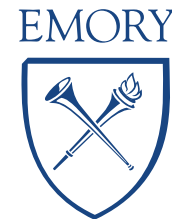
Future Directions

- Quantify collagen microstructural changes during mechanical loading
- Incorporate collagen microstructure into computational models of VIIP syndrome
- Study possible static instability in ONS



Acknowledgements

- DeVon Griffin
- Ian Sigal
- **Andrew Feola**





biomechanics.
bioengineering.
biotransport.

Summer Biomechanics, Bioengineering & Biotransport Conference

Snowbird Resort, Utah, June 17-20, 2015

- Key dates:**
- January 16, 2015: abstract submission deadline
 - Mid-April, 2015: early bird registration
 - **June 17-20, 2015 : SB³C Meeting** at Snowbird, Utah

Your summer meeting is evolving: **bigger, broader, better**



www.sb3c2015.com